

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-031140**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 374 Primary Registration District No. 6294 Registrar's No. 17

**FILED JUL 25 1963**

|                     |              |  |            |          |                       |                 |
|---------------------|--------------|--|------------|----------|-----------------------|-----------------|
| VS 300<br>Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT | MEDICAL CERTIFICATION | BY AFFIDAVIT OF |
| 1 <u>1130</u>       |              |  |            |          |                       |                 |
| 2 <u>1130</u>       |              |  |            |          |                       |                 |
| 3                   |              |  |            |          |                       |                 |
| 4 <u>0</u>          |              |  |            |          |                       |                 |
| 5 <u>1</u>          |              |  |            |          |                       |                 |
| 6                   |              |  |            |          |                       |                 |
| 7 <u>0</u>          |              |  |            |          |                       |                 |
| 8 <u>2</u>          |              |  |            |          |                       |                 |
| <u>94221</u>        |              |  |            |          |                       |                 |
| 10                  |              |  |            |          |                       |                 |
| 11                  |              |  |            |          |                       |                 |
| 12 <u>90-2</u>      |              |  |            |          |                       |                 |
| 13 <u>1-0</u>       |              |  |            |          |                       |                 |
| ITEM NO.            | SHOULD READ  |  |            |          |                       |                 |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|  |                                  |   |                                      |
|--|----------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Worth</u>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>                    |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Greene Township</u>  |                                  | c. CITY OR TOWN <u>Near Grant City</u>  |                                      |
| Length of stay in 1b <u>1 1/2 years</u>  |                                  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>4 mi S W of Grant City</u>   |                                  | d. STREET ADDRESS (If outside, give location)<br><u>4 mi S W of Grant City</u>  |                                      |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                                  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                      |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>David Larmin Wayne Hern</u>   |                                  | 4. DATE OF DEATH Month Day Year<br><u>July 4, 1963</u>  |                                      |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>8-27-1906</u> |
| 9. AGE (last birthday)<br><u>57</u>  |                                  | IF UNDER 1 YEAR Months Days Hours Min.<br><u>                    </u>   |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Farm</u>  |                                      |
| 11. BIRTHPLACE (City and state or country)<br><u>Near Grant City, Mo.</u>  |                                  | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S.</u>   |                                      |
| 13a. FATHER'S NAME<br><u>Dave Hern</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Vicie Bridges</u>   |                                      |
| 14. NAME OF HUSBAND OR WIFE<br><u>Florence Hern</u>  |                                  |   |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes WW II</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>                    </u>  |                                      |
| 17. INFORMANT<br><u>Mrs. Florence Hern - Grant City, Mo.</u>   |                                  | Address   |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>ACUTE MYOCARDIAL FAILURE</u><br>DUE TO (b) <u>ACUTE MYOCARDIAL INSUFFICIENCY</u><br>DUE TO (c) <u>ARTERIOSCLEROSIS</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 HOURS</u><br><u>12 HOURS</u><br><u>YEARS</u>   |                                      |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                      |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                  |   |                                      |
| 20c. TIME OF INJURY Hour s.m. p.m.<br><u>                    </u>  |                                  |   |                                      |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                                      |
| 20f. CITY, TOWN, OR LOCATION   |                                  | COUNTY STATE  |                                      |
| 21. I attended the deceased from <u>1954</u> to <u>July 4, 1963</u> and last saw her/him alive on <u>7-4-1963</u><br>Death occurred at <u>10:20 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |                                  |   |                                      |
| 22a. SIGNATURE (Degree or title)<br><u>Richard J. Smith M.D.</u>   |                                  | 22b. ADDRESS<br><u>Grant City Mo</u>  |                                      |
| 22c. DATE SIGNED<br><u>7-8-63</u>  |                                  |   |                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 23b. DATE<br><u>July 9, 1963</u>  |                                      |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Grant City Cemetery</u>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><u>Grant City, Missouri</u>  |                                      |
| 24. FUNERAL DIRECTOR<br><u>Will A. Dwyer - Grant City, Mo.</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>July 22, 1963</u>  |                                      |
| 26. REGISTRAR'S SIGNATURE<br><u>Letta E. Dawson</u>  |                                  |   |                                      |

(Licensed Embalmer's Statement on Reverse Side)

NOV 27 1963

JUL 25 1968

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address Grant City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.